

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213503467			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The George Washington Society of Washington andLee University</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES W. JENNINGS, JR. 10 SOUTH JEFFERSON ST., STE. 1400 P.O. BOX 14125 ROANOKE, VA 24038-4125</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2013</p> <p>SCC ID NO: 03340171</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: WASHINGTON ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: LEXINGTON, VA 24450</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM E. GARRISON III TITLE: PRESIDENT ADDRESS: 519 GREENE RIDGE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM E. GARRISON III TITLE: PRESIDENT ADDRESS: 519 GREENE RIDGE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23229	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A. MERIWETHER DIRECTOR 816 GREAT CUMBERLAND RD. MCLEAN, VA 22102	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EUGENE C. PERRY, JR. DIRECTOR 1209 WOODROW AVENUE WAYNESBORO, VA 22980	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	M. THEODORE VAN LEER DIRECTOR 207 PAXTON STREET LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	AMY C. BALFOUR DIRECTOR 20 WEST WASHINGTON STREET APT. B LEXINGTON, VA 24450	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RUSSELL W. CHAMBLISS DIRECTOR 123 WEST OXMOOR ROAD P.O. BOX 59226 BIRMINGHAM, AL 35359-9226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. NEAL CORY II DIRECTOR 31 RIVER HILL ROAD LOUISVILLE, KY 40207	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	E. PHIFER HELMS DIRECTOR 2532 FERNBANK DRIVE CHARLOTTE, NC 28226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ LEROY C ATKINS,II SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LEROY C ATKINS,II, AST SEC PRINTED NAME AND CORPORATE TITLE	1/23/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			